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APPLICANTS

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** CONTINUING DATA ***** *None clc*** FOREIGN APPLICATIONS ***** *None clc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 5	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>Aug Ed Connor</u>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials				

ADDRESS

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TITLE

Oral hygiene device and method of use therefor

FILING FEE RECEIVED 457	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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